

**Please print in block letters:**

NAME \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

ADDRESS \_\_\_\_\_  
STREET CITY PROV.

TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**Position applying for:**

Owner Operator: \_\_\_\_\_ Truck (Give year & Make): \_\_\_\_\_

If Incorporated Name: \_\_\_\_\_

Driver for O/OP: \_\_\_\_\_ O/OP Name- \_\_\_\_\_ Unit # \_\_\_\_\_

Company Driver: Single \_\_\_\_\_

Double with \_\_\_\_\_

Date available for employment- \_\_\_\_\_

How long have you had your Class 1 (AZ) License? \_\_\_\_\_

Tractor/Trailer miles driven in US? \_\_\_\_\_ Canada? \_\_\_\_\_

Miles in Rocky Mountain? \_\_\_\_\_ Major City Experience? \_\_\_\_\_

Are you bondable? Yes [ ] No [ ] Have you ever been bonded? Yes [ ] No [ ]

If yes, when & with whom? \_\_\_\_\_

Are you legally eligible to enter the U.S.A.? Yes [ ] No [ ] Citizenship \_\_\_\_\_

Do you require a waiver to enter the U.S.A.? \_\_\_\_\_ Expires \_\_\_\_\_

If so give reason/convictions and date: \_\_\_\_\_

EDUCATION	NAME OF SCHOOL	LOCATION	LEVEL COMPLETED/DATE
High School			
Other			

Specialized training seminars- \_\_\_\_\_

List any physical disabilities or limitations that may interfere with performing the duties of the position of a long distance driver: (i.e. heavy lifting, lengthy sitting, etc.) \_\_\_\_\_

# **EMPLOYMENT RECORD:**

(Note: U.S. Carrier Safety regulations require HIGHWAY DRIVER APPLICANTS to provide names & addresses of ALL employers for the most recent 10 years. Not just driving experience.) If for O/OP, include carrier name (who for?)

## **PRESENT & MOST RECENT EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_

Date employed \_\_\_\_\_ to \_\_\_\_\_ Position(s) \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving- \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Cite all equipment used: \_\_\_\_\_

Indicate previous area runs: \_\_\_\_\_

## **SECOND RECENT EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_

Date employed \_\_\_\_\_ to \_\_\_\_\_ Position(s) \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving- \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Cite all equipment used: \_\_\_\_\_

Indicate previous area runs: \_\_\_\_\_

## **THIRD RECENT EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_

Date employed \_\_\_\_\_ to \_\_\_\_\_ Position(s) \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving- \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Cite all equipment used: \_\_\_\_\_

Indicate previous area runs: \_\_\_\_\_

### **PLEASE READ CAREFULLY**

#### **I Acknowledge, Understand and Certify:**

I am legally entitled to work in Canada. Golden Express may verify my work record and qualifications. Any false or misleading statements made by me on this application shall be just cause for my dismissal whenever such statements may be discovered. I may be required to pass a medical examination and drug test before I can be officially employed. This application was completed by me and; is true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# EMPLOYMENT RECORD (continued):

(Note: U.S. Carrier Safety regulations require HIGHWAY DRIVER APPLICANTS to provide names & addresses of ALL employers for the most recent 10 years. Not just driving experience.) If for O/OP, include carrier name (who for?)

## **FORTH LAST EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_

Date employed \_\_\_\_\_ to \_\_\_\_\_ Position(s) \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving- \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Cite all equipment used: \_\_\_\_\_

Indicate previous area runs: \_\_\_\_\_

## **FIFTH LAST EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_

Date employed \_\_\_\_\_ to \_\_\_\_\_ Position(s) \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving- \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Cite all equipment used: \_\_\_\_\_

Indicate previous area runs: \_\_\_\_\_

## **SIXTH LAST EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_

Date employed \_\_\_\_\_ to \_\_\_\_\_ Position(s) \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving- \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Cite all equipment used: \_\_\_\_\_

Indicate previous area runs: \_\_\_\_\_

### **PLEASE READ CAREFULLY**

#### **I Acknowledge, Understand and Certify:**

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Applicant's Signature

Date

Please mail all correspondence to: **#606 – 7231 120 Street, Delta, BC V4C 6P5** Tel-604 501 0814 Fax-604 501 0815

# **EMPLOYMENT RECORD (continued):**

(Note: U.S. Carrier Safety regulations require HIGHWAY DRIVER APPLICANTS to provide names & addresses of ALL employers for the most recent 10 years. Not just driving experience.) If for O/OP, include carrier name (who for?)

## **SEVENTH LAST EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_

Date employed \_\_\_\_\_ to \_\_\_\_\_ Position(s) \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving- \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Cite all equipment used: \_\_\_\_\_

Indicate previous area runs: \_\_\_\_\_

## **EIGHTH LAST EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_

Date employed \_\_\_\_\_ to \_\_\_\_\_ Position(s) \_\_\_\_\_  
Month/Year Month/Year

Reason for leaving- \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Cite all equipment used: \_\_\_\_\_

Indicate previous area runs: \_\_\_\_\_

Please describe in one paragraph why you would like to work for Golden Express:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal References: \_\_\_\_\_

\_\_\_\_\_

### **PLEASE READ CAREFULLY**

#### **I Acknowledge, Understand and Certify:**

I am legally entitled to work in Canada. Golden Express may verify my work record and qualifications. Any false or misleading statements made by me on this application shall be just cause for my dismissal whenever such statements may be discovered. I may be required to pass a medical examination and drug test before I can be officially employed. This application was completed by me and; is true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# REQUEST FOR INFORMATION

## From Previous Employer

I hereby authorize you to release the following information to \_\_\_\_\_  
\_\_\_\_\_ for purposes of investigation  
(Prospective Employer)

You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Date) (Applicant's Signature)

**\*Applicant, please sign and date above only.**

Personnel Manager:

The below named individual has made application to this company for a position as \_\_\_\_\_  
\_\_\_\_\_ and states that he/she was employed by you as \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Social Insurance No. • \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ as \_\_\_\_\_ at wage or salary of \_\_\_\_\_

Did he/she drive a motor vehicle for you? Yes [ ] No [ ] Straight-Truck? Yes [ ] No [ ]

Tractor-Semi-trailer? Yes [ ] No [ ] Bus? Yes [ ] No [ ] Other: (Specify) \_\_\_\_\_

Accident Safety Record \_\_\_\_\_

Reason for leaving your employ: Discharge  Resignation  Resignation  Lay Off  Military Duty

Was his/her general conduct satisfactory? \_\_\_\_\_

Please advise history of past driving record if available for past three years \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **NEW LINEHAUL DRIVER INFORMATION...**

(In addition to Golden Express application) Must be completed IN FULL by all applicants.

Name. \_\_\_\_\_

Address- \_\_\_\_\_  
\_\_\_\_\_

How long at current address: \_\_\_\_\_ Date of Birth- \_\_\_\_\_

Previous address (if less than 3 years at present address): \_\_\_\_\_  
\_\_\_\_\_

Driver's License Number \_\_\_\_\_ Province. \_\_\_\_\_

Social Insurance Number. \_\_\_\_\_

### **ACCIDENT RECORD FOR PAST THREE YEARS:**

(Include Dates, Nature of the Accident [Head-on; Rear-End; Roll-over; Etc.] and List any injuries) (Attach a separate sheet if more space is needed)

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

### **TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS:**

(Other than parking violations [Must include Location; Date of occurrence; Description of violation; and Penalty paid])

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No

If so, why? \_\_\_\_\_

Has any license, permit or privilege ever been suspended or revoked? Yes  No

If so, why? \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's Signature

The above signature, certifies that is application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

## CONSENT TO PERSONAL INVESTIGATION

I consent to GOLDEN EXPRESS or it's affiliates conducting or causing to be conducted a personal investigation.

I understand that GOLDEN EXPRESS will be sharing/accessing/obtaining/gathering information from a credit reporting agency.

GOLDEN EXPRESS performs credit checks and investigates banking information on potential owner/operator contractors for our fleet. The purposes of the investigation is to determine if the individual can sufficiently pay the monthly lease costs for the vehicle he/she wishes to lease through TRANSX.

Dated this:

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signatory  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature